


SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM		
1. Reason for Submittal (See instructions on page 13.) MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input checked="" type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) <input type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report		
2. Site EPA ID Number (page 14)	EPA ID Number I A R C 0 0 0 5 1 2 6 4 0		
3. Site Name (page 14)	Name: Aspen Dental		
4. Site Location Information (page 14)	Street Address: 401 S. Gear Ave Suite 101		
	City, Town, or Village: W. Burlington	State: IA	
	County Name:	Zip Code: 52655	
5. Site Land Type (page 14)	Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. North American Industry Classification System (NAICS) Code(s) for the Site (page 14)	A. 1 6 2 1 2 1 0	B. _ _ _ _ _	
	C. _ _ _ _ _	D. _ _ _ _ _	
7. Site Mailing Address (page 15)	Street or P. O. Box: 281 Sanders Creek Parkway		
	City, Town, or Village: E. Syracuse		
	State: NY		
	Country: USA	Zip Code: 13057	
8. Site Contact Person (page 15)	First Name: Corini	MI: D.	Last Name: Hingre
	Phone Number: 315-454-6000	Extension: 335	Email address: chingre@aspendental.com
9. Operator and Legal Owner of the Site (pages 15 and 16)	A. Name of Site's Operator: Aspen Dental Assoc of NE, PC		Date Became Operator (mm/dd/yyyy): 3/09
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	B. Name of Site's Legal Owner: Dr. Bierciewska		Date Became Owner (mm/dd/yyyy): 3/09
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		


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9. Legal Owner (Continued) Address	Street or P. O. Box: 281 Sanders Creek Parkway	
	City, Town, or Village: E. Syracuse	
	State: ny	
	Country: USA	Zip Code: 13057

10. Type of Regulated Waste Activity

Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 17 to 20.)

A. Hazardous Waste Activities

Complete all parts for 1 through 6.

Y ☐ N ☐ 1. Generator of Hazardous Waste

If "Yes", choose only one of the following - a, b, or c.

☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.)
of non-acute hazardous waste; or☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.)
of non-acute hazardous waste; or☒ c. CESQG: Less than 100 kg/mo (220 lbs./mo.)
of non-acute hazardous waste

In addition, indicate other generator activities.

Y ☐ N ☐ d. United States Importer of Hazardous WasteY ☐ N ☐ e. Mixed Waste (hazardous and radioactive) GeneratorY ☐ N ☐ 2. Transporter of Hazardous WasteY ☐ N ☐ 3. Treater, Storer, or Disposer of
Hazardous Waste (at your site) Note: A
hazardous waste permit is required for this
activity.Y ☐ N ☐ 4. Recycler of Hazardous Waste (at your
site)Y ☐ N ☐ 5. Exempt Boiler and/or Industrial Furnace
If "Yes", mark each that applies.☐ a. Small Quantity On-site Burner
Exemption☐ b. Smelting, Melting, and RefiningY ☐ N ☐ 6. Underground Injection Control

B. Universal Waste Activities

Y ☐ N ☐ 1. Large Quantity Handler of Universal Waste (accumulate
5,000 kg or more) [refer to your State regulations to
determine what is regulated]. Indicate types of universal
mark all boxes that apply:Managea. Batteries ☐b. Pesticides ☐c. Mercury containing equipment ☐d. Lamps ☐e. Other (specify) _____ ☐f. Other (specify) _____ ☐g. Other (specify) _____ ☐Y ☐ N ☐ 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

Mark all boxes that apply.

Y ☐ N ☐ 1. Used Oil Transporter

If "Yes", mark each that applies.

☐ a. Transporter☐ b. Transfer FacilityY ☐ N ☐ 2. Used Oil Processor and/or Re-refiner

If "Yes", mark each that applies.

☐ a. Processor☐ b. Re-refinerY ☐ N ☐ 3. Off-Specification Used Oil BurnerY ☐ N ☐ 4. Used Oil Fuel Marketer

If "Yes", mark each that applies.

☐ a. Marketer Who Directs Shipment of
Off-Specification Used Oil to
Off-Specification Used Oil Burner☐ b. Marketer Who First Claims the
Used Oil Meets the Specifications

11. Description of Hazardous Wastes (See instructions on page 21.)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D008						
D009						
D001						

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

12. Comments (See instructions on page 21.)

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all operator(s) and owner(s) must sign (see 40 CFR 270.10 (b) and 270.11). (See instructions on page 21.)

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
<i>Corrine Hingie</i>	Corrine Hingie Compliance Specialist	3/3/09

RCRAINFO data entered

by *ad m*
on 23 MAR 2009MAR 23 2009 *ad m*